U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

,	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MICHAEL A VASEY	Name ROOFERS + WATER PROOFERS LOCAL 44
4	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1651 12 24 th ST	Street 1651 R 24 7H ST
City CLEUELAWA	City CLEUE LUND
State 0110 ZIP Code + 4 44114	State 0110 ZIP Code + 4 44114
5. Position in labor organization. BUSINESS MANAGERS, FINANCIAL SECRETARY, TREASURER	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street Company Company	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Muhall a Valle	On 7-8-05 216-781-4844 Telephone Number
Form LM-30 (2003)	

AFFILIATED WITH AFL-CIO AND BUILDING AND CONSTRUCTION TRADES DEPARTMENT



Local Union No. 44 Michael A. Vasey Business Manager

Robert W. Patton Business Representative 1651 East 24th Street, Cleveland, Ohio 44114 (216) 781-4844 Fax (216) 781-ROOF

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrence for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM30.

Muhael a Voesey
Signature

Date

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name ROOFERS 44 WELFARE FUNN Trade Name, if any: TRUST FUNN P.O. Box, Bldg., Room No., if any Street 1651 E 34 TH ST.	TNTERNATIONAL FOUNDATION EDUCATIONAL SEMINAR TRUSTEE 2-21-04/2-25-04 AE-IMRUREED EXPENSES 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of the second state of	r parts A and B above) or other thing of value. 14.a. Nature of payment. CAUS BASKETDALL GAME WITH	
Name LEGG MASON Trade Name, if any: ENVESTMENT CONSULTANT	JOHN ZINGALES FUND CONSULTANT DISCUSSED RE-STRUCTURING OF	
P.O. Box, Bldg., Room No., if any 29-2950 Street 200 PUBLIC SQUARE City CLEVELANA State OHIO ZIP Code + 4 44/14	PRICE OF GAME. INCLUSED TO BE COMPLETE.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing MICHAEL VASEY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
Name ROOFERS 44 WELFARE FUND Trade Name, if any: TRUST FUND P.O. Box, Bldg., Room No., if any Street 1/6 5/ E 34 774 5T	11.a. Nature of such dealing. INTERNATIONAL FOUNDATION EAUCATIONAL CONFERENCE TAUSTEE B-1/12-4-04 RE-IMBURSED EXPENSES 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Boys waterson	(BOYO WATERSON) TO DISCUSS BAD	
Trade Name, if any: THUESTMENT MANAGER	PERFORMANCE. I DID NOT PAY	
P.O. Box, Bldg., Room No., if any	THE BILL AND DO NOT KNOW	
Street 101 BYER STREET	THE AMOUNT THAT WAS PAID	
City PROVIDENCE	THIS IS INCCLUDED TO BE	
State RITCAR ISLAND ZIP Code +4 02903	COMPLETE.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing MICHAEL VASEY	File Number U-	
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Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City Charles Company C	12.a. Nature of interest held or income received.	
State ZiP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name LOOMIS SAYLES	DINNER MEETING TO DISCUSS	
,	POSITIONING OF BOND PORTFOLIO	
	WITH DAN RYZAK (LOOMIS)	
P.O. Box, Bldg., Room No., if any Street ANE FINANCIAL CENTER	I DID NOT PAY THE RILL AND INCLUDE TO BE COMPLETE	
	AND INCLUDE TO BE COMPLETE	
City BOSTON State MASSIA CHUSETTS ZIP Code + 4 02111		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	

Name of Ferson Filling MICHAEL A VASEY	The Number of
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consist	wise dealing with the business vely seeking to represent, or tirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Za. Value of miles and of mone recast a.
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name NATIONAL CITY BANK	REDSKINS
Trade Name, if any: FUND CUSTOBIAN	
P.O. Box, Bldg., Room No., if any	
Street 1900 12 9 714 ST	
City CLEVELANN	
State 0 110 ZIP Code + 4 44114	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.